



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPLICATION FOR FOOD STAMP BENEFITS

| | |
|---|--------------------------------|
| FOR FSD USE ONLY DATE OF LAST F-T-F INTERVIEW | DATE RECEIVED/APPLICATION DATE |
| | SCN |
| <input type="checkbox"/> MAIL-IN <input type="checkbox"/> WALK-IN | DCN |

| | | |
|--|----------------|-------------------|
| NAME (LAST, FIRST, MIDDLE) | HOME TELEPHONE | MESSAGE TELEPHONE |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | |

You have the right to immediately file a food stamp application as long as it contains your name, address and signature. Complete the rest of the application by taking it home and bringing, mailing, or faxing it back to the office. You can complete all of the form and give it to us now. You will not receive expedited food stamp benefits, if eligible, until a completed application form is received and an interview is conducted. Your food stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for food stamp benefits.

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|

HOUSEHOLD MEMBERS A. List all individuals who live in your household. List yourself on the first line. In the last column, check (✓) the persons who buy and cook food together. Providing the race/sex (including Hispanic) of each individual is optional and voluntary and does *not* affect your eligibility for food stamps, or the amount of food stamps you receive. Race/sex data is used for statistical use only. Providing the SSN and immigration status of each household member is voluntary. However, you will not receive food stamp benefits for any individual who does not provide an SSN and/or immigration status. Any SSNs and immigration status information will be used and disclosed in the same manner as SSNs and immigration status of household members who receive food stamps.

| NAME | HISPANIC Y/N | RACE/ SEX* | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER | CITIZEN Y/N | BUY/COOK TOGETHER |
|------|-----------------|---------------|--------------|------------------|---------------------------|----------------|----------------------|
| 1. | | | Self | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

* 1 - White 2 - Black/African American 4 - American Indian/Alaska Native 5 - Asian 6 - Native Hawaiian/Pacific Islander

B. Are any of the household members a boarder? ☐ Yes ☐ No If yes, who?

HOUSEHOLD 'S DECLARATION INQUIRY Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided.

A. Have you or any member of your household been convicted of trafficking food stamp benefits of \$500 or more? ☐ Yes ☐ No
If yes, who? _____

B. Are you or any member of your household fleeing to avoid prosecution, custody or jail for a crime (or attempted crime) that is a felony? ☐ Yes ☐ No
If yes, who? _____

C. Are you or any member of your household violating a condition of probation or parole? If yes, who? _____ ☐ Yes ☐ No

D. Are you or any member of your household receiving food stamp benefits under another identity or as a member of another household or in another state? If yes, who? _____ ☐ Yes ☐ No

E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use or distribution of a controlled substance? If yes, who? _____ ☐ Yes ☐ No

F. Have you or any member of your household ever been found by a State agency or convicted in a Federal or State court of having made a fraudulent statement or misrepresentation with respect to identity or place of residence for the purpose of receiving food stamp benefits in two (2) or more places at the same time? If yes, who? _____ ☐ Yes ☐ No

EXPEDITED SERVICE: If you answer yes to any of the questions below, you may qualify for expedited service. Expedited benefits cannot be issued until an interview is conducted and your identity is verified. If you meet the expedited standards below you may be eligible to receive food stamp benefits within 7 days. You can request a conference to be held within 2 days if you are not given expedited service.

1. Is your total household income this month, before deductions, less than \$150 and household cash/savings \$100 or less?
2. Do your total shelter costs exceed your monthly income and resources?
3. Are your household members destitute migrant or seasonal farmworkers whose cash and savings are \$100 or less?

NON-DISCRIMINATION AND FAIR HEARING RIGHTS: In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. You can have a fair hearing if you are denied benefits and wish to appeal the decision. You can also request a hearing either orally or in writing, on any agency action which affects your participation in the Food Stamp Program.

ALL THE INFORMATION PROVIDED ON THIS FORM AND IN THE INTERVIEW IS SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY INFORMATION IS INCORRECT, YOU MAY BE DENIED FOOD STAMPS AND/OR BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

NOTIFICATION AND ACKNOWLEDGMENT OF FRAUD PROVISIONS

7 USC 2015 (b)(1) Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued thereunder, or any State statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing food stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion and permanently upon the third occasion.

7 USC 2024 (b), (c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses food stamp benefits or access devices in any manner contrary to the Food Stamp Act is subject to fine and imprisonment. Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the benefits or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption benefits or access devices which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the benefits is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States.

7 USC 2015 (b)(1)(iii)(IV) and 2015 (j). Anyone convicted of trafficking in food stamp benefits of \$500 or more shall be permanently disqualified from the Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple food stamp benefits simultaneously shall be ineligible to participate in the Food Stamp Program for ten (10) years beginning with the date of such agency determination or such conviction in Federal or State court.

7 USC 2015 (b)(1). Anyone convicted in a Federal, State or local court of trading benefits for controlled substances, illegal drugs or certain drugs for which a doctor's prescription is required shall be barred from the Food Stamp Program for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the Food Stamp Program for the first offense.

7 USC 2015(k). Any individual who is a fleeing felon, or a probation/parole violator is ineligible to participate in the Food Stamp Program.

Pursuant to Section 570.030, RSMo the stealing of public assistance benefits is a Class C felony if the value of the benefits is \$750.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. If the value of the benefits is less than \$750.00, the crime is a Class A misdemeanor.

Read this page carefully before signing. When you sign, you are certifying you understand the statements on this page. You are certifying you understand that information provided on this form and during the interview must be true and accurate, or you will be subject to the penalties outlined above.

I/we authorize the Director of Family Support Division or his/her appointee to investigate my circumstances and statements. I understand that it is against the law to obtain or attempt to obtain food stamp benefits to which I am not entitled, or obtain, or attempt to obtain food stamp benefits in the amount greater than those to which I am entitled. I understand that any false claim, statement, or concealment of any material fact whatever, in whole or part, on this form or during the interview, may subject me to criminal and/or civil prosecution.

SIGNATURE: This is to certify that I understand the questions on this form and the penalties for giving false statements or withholding information. Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge, for each household member for whom I am applying.

| | |
|-------------------|------|
| SIGNATURE | DATE |
| Witness Signature | Date |